ADMINISTRATIVE

IDAHO EMS GUIDELINE Administrative

Medical Direction of Prehospital Emergency Medical Services

IDAHO GUIDELINES FOR MEDICAL DIRECTION OF PREHOSPITAL EMERGENCY MEDICAL SERVICES

INTRODUCTION

All aspects of the organization. and provision of basic (including first responder) and advanced life support emergency medical services (EMS), require the active involvement and participation of physicians. Furthermore, every prehospital service that provides any level of life support should have an identifiable physician medical director at the local, regional, or state level (or combination thereof) whose primary responsibility is to ensure quality patient care. Additional responsibilities include involvement with design, operation, evaluation, and ongoing revision of the system including initial patient access, dispatch, prehospital care, and delivery to the emergency department.

If medical direction is to be effective, the medical director must have official authority over patient care. The medical director, therefore, must have a well defined position with respect to the other components of the EMS system; the responsibility to develop necessary medical policies and procedures; and the power to limit the activities of those under the medical director's supervision who deviate from the established clinical standards of care or do not meet training standards.

Physician direction of prehospital emergency care may be accomplished through off-line and online medical direction using prospective, concurrent, and retrospective methods.

OFF-LINE (Prospective and Retrospective) MEDICAL DIRECTION

Off-line medical direction is the administrative promulgation and enforcement of accepted standards of prehospital care. Off-line medical direction can be accomplished through both prospective and retrospective methods. Prospective methods include, but are not limited to, training, testing, and certification of providers; protocol development; operational policy and procedures development; and legislative activities. Retrospective activities include, but are not limited to, medical audit and review of care, direction of remedial education, and limitation of patient care functions if needed. Committees can handle various aspects of prospective and retrospective medical direction. The committees function under the medical director with representation from appropriate medical and EMS personnel.

ON-LINE (Concurrent) MEDICAL DIRECTION

On-line medical direction is the medical direction provided directly to prehospital providers by the medical director or designee either on-scene or by direct voice communication. Ultimate authority and responsibility for concurrent medical direction rests with the medical director.

QUALIFICATIONS FOR OFF-LINE MEDICAL DIRECTION

0104 Page 1 of 3 Medical Direction

ADMINISTRATIVE

To optimize medical direction of all prehospital emergency medical services, these services should be managed by physicians who have demonstrated the following:

Essential:

- I. License to practice medicine or osteopathy in the state of Idaho.
- 2. Familiarity with the design and operation of prehospital EMS systems.
- 3. Experience or training in the prehospital emergency care of the acutely ill or injured patient.
- 4. Experience or training in medical direction of prehospital emergency units.
- 5. Active participation in the ED management of the acutely ill or injured patient.
- 6. Experience or training in the instruction of prehospital personnel.
- 7. Experience or training in the EMS quality improvement process.
- 8. Knowledge of EMS laws and regulations.
- 9. Knowledge of EMS dispatch and communications.
- 10. Knowledge of local mass casualty and disaster plans.

Desirable:

- 1. Board certification in emergency medicine or in his/her respective specialty.
- 2. Attendance or plan to attend state specific EMS medical direction course.

RESPONSIBILITIES

To optimize medical direction of all prehospital emergency medical services, physicians functioning as medical directors should, at a minimum:

- 1. Serve as patient advocates in the EMS system.
- 2. Set and ensure compliance with patient care standards including communications standards and dispatch and medical protocols.
- 3. Develop and implement protocols and standing orders under which the prehospital care provider functions.
- 4. Review on a regular basis the current medical appropriateness of these same protocols and standing orders.
- 5 Develop and implement the process for the provision of concurrent medical direction.
- 6. Insure the appropriateness of initial qualifications of prehospital personnel involved in patient care and dispatch.
- 7. Ensure the qualifications of prehospital personnel involved in patient care and dispatch are maintained on an ongoing basis through education, testing, and credentialing.
- 8. Develop and implement an effective quality improvement program for continuous system and patient care improvement.
- 9. Promote EMS research.
- 10. Maintain liaison with the medical community including, but not limited to, hospitals, emergency departments, physicians, prehospital providers, and nurses.
- 11. Interact with regional, state, and local EMS authorities to ensure that standards, needs, and requirements are met and resource utilization is optimized.
- 12. Arrange for coordination of activities such as mutual aid, disaster planning and management, and hazardous materials response.
- 13. Promulgate public education and information on the prevention of emergencies.
- 14. Maintain knowledge levels appropriate for an EMS medical director through continued education.

0104 Page 2 of 3 Medical Direction

ADMINISTRATIVE

AUTHORITY FOR MEDICAL DIRECTION

Unless otherwise defined or limited by state or local requirements, the medical director must have authority over all clinical and patient care aspects of the EMS system:

- 1. Establish, implement, revise, and authorize system-wide protocols, policies, and procedures for all patient care activities from dispatch through triage, treatment, and transport.
- 2. Establish criteria for level of initial emergency response (e.g., First Responder, Basic EMT, or Advanced Life Support).
- 3. Establish criteria for determining patient destination.
- 4. Establish the procedures or protocols under which non-transport of patients may occur.
- 5. Require education and testing to the level of proficiency approved for the following personnel within the EMS system:
 - a. First Responders
 - b. EMTs, all levels
 - c. Nurses involved in prehospital care
 - d. Dispatchers
 - e. Educational coordinators
 - f. On-line physicians
 - g. Off-line physicians.
- 6. Implement and supervise an effective quality improvement program. The medical director shall have access to all relevant records needed to accomplish this task.
- 7. Remove a provider from medical care duties for due cause, using an appropriate review and appeals mechanism.
- 8. Set or approve hiring standards for personnel involved in patient care.
- 9. Set or approve standards for equipment used in patient care.

OBLIGATION OF THE EMS AGENCY

The EMS agency has an obligation to provide the medical director with the resources and authority commensurate with the responsibilities outlined above including:

- 1. Necessary material and personnel resources.
- 2. A written agreement that delineates the medical director's authority and responsibilities and the EMS agency's obligations.
- 3. Consideration of compensation and liability insurance coverage

Murry Sturkie, DO, Chair EMS Advisory Committee

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Date

0104 Page 3 of 3 Medical Direction